

REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on the reverse. If more space is needed, use plain paper.

DATE OF REQUEST

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a(e) (3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C 552a(e) (4) (D) include the transfer of relevant

information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

SECTION I -- INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)							
BRANCH OF SERVICE (Also, show last organization, if known)	DATES OF ACTIVE SERVICE		Check one		SERVICE NUMBER DURING THIS PERIOD		
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED			
6. RESERVE SERVICE, PAST OR PRESENT If "none," check here <input type="checkbox"/>							
a. BRANCH OF SERVICE		b. DATES OF MEMBERSHIP		c. Check one		d. SERVICE NUMBER DURING THIS PERIOD	
		FROM	TO	OFFICER	ENLISTED		
				<input type="checkbox"/>	<input type="checkbox"/>		
7. NATIONAL GUARD MEMBERSHIP (Check one): <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. AIR FORCE <input type="checkbox"/> c. NONE							
d. STATE		e. ORGANIZATION		f. DATES OF MEMBERSHIP		g. Check one	h. SERVICE NUMBER DURING THIS PERIOD
				FROM	TO		
						<input type="checkbox"/>	<input type="checkbox"/>
8. IS SERVICE PERSON DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO If "yes," enter date of death:						9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION II -- REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE			2. IF YOU ONLY NEED A STATEMENT OF SERVICE check here <input type="checkbox"/>	
3. LOST SEPARATION DOCUMENT REPLACEMENT (Complete a or b, and c)	<input type="checkbox"/> a. REPORT OF SEPARATION (DD Form 214 or equivalent)	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (item 5 of this form).	
	<input type="checkbox"/> b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date character at discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.	
	c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST			
4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED			6. REQUESTER	
			a. IDENTIFICATION (check appropriate box)	
			<input type="checkbox"/> Same person identified in Section I <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Next of kin (relationship): _____ <input type="checkbox"/> Other (specify): _____	
			b. SIGNATURE (see instructions 3 and 4 on reverse side)	
5. RELEASE AUTHORIZATION, IF REQUIRED (Read instruction 3 on reverse side) I hereby authorize release of the requested information/documents to the person indicated at right (item 7). VETERAN SIGN HERE <input type="checkbox"/> (If signed by other than veteran, show relationship to veteran:)			7. Please type or print clearly -- COMPLETE RETURN ADDRESS Name, number and street, city, State and ZIP _____ _____ _____ _____ _____ TELEPHONE NO. (Include area code) <input type="checkbox"/>	